

Case Number:	CM14-0175772		
Date Assigned:	12/15/2014	Date of Injury:	04/11/2013
Decision Date:	01/15/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 62-year-old female with a 4/11/13 date of injury, and status post right knee medial and lateral meniscectomy and patellofemoral chondroplasty, and plica excision 9/9/13. At the time (9/25/14) of request for authorization for 6 month gym membership, there is documentation of subjective (continued medial knee pain aggravated by climbing, squatting, kneeling, walking, and driving) and objective (right knee small effusion, 5-/5quadriceps strength, range of motion 10-130 degrees, patellofemoral tenderness and medial joint line tenderness) findings, current diagnoses (status post medial and lateral meniscectomy and chondroplasty, and patellofemoral pain osteoarthritis), and treatment to date (medications, activity modification, and knee cortisone injection). There is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of status post medial and lateral meniscectomy and chondroplasty, and patellofemoral pain osteoarthritis. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for 6 month gym membership is not medically necessary.